

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 158
Registered No. 286

1. PLACE OF BIRTH
County Gila, State _____
District or Township Globe, or Village _____
City Globe, No. Ice House Canyon, St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Edith Gwen Howard. { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth 11 10 1925
Month Day Year

8. FATHER
Full name John Raymond Howard,
9. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state. 10. Color or race White 11. Age at last birthday 48 (Years)
12. Birthplace (city or place) _____
(State or country) Arkansas,
13. Occupation Cattleman
Nature of industry

14. MOTHER
Full maiden name Gwen Stoolfire,
15. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state. 16. Color or race White 17. Age at last birthday 31 (Years)
18. Birthplace (city or place) _____
(State or country) Oklahoma,
19. Occupation Housewife,
Nature of industry

20. Number of children of this mother 5
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 0
(b) Born alive but now dead 0
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 7:30A. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature L. E. Wightman
Globe, Ariz.
(Physician or midwife).

Given name added from a supplemental report _____
Month, day, year

Address _____
Filed Nov 30, 1925 N. H. Nost
Registrar Registrar

584-1110-725